

Date _____

TO: Oregon Board of Optometry

FROM: _____

RE: Request for Investigation of Suspected Violation of

ORS # _____ OAR # _____

Violation(s) Suspected: (Be Specific)

Doctor/Organization/Business Suspected of Violation: (List Name and Address)

Person/Patients Involved: (List Names/Addresses)

Do you have Release of Information permission or each person? Yes _____ No _____
Action/Resolution Sought:

Signature